

Practitioner's Docket No. \_\_\_\_\_

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

☒ In re application of **Garvan Institute of Medical Research**  
Application No.: \_\_\_\_\_ Group No.: \_\_\_\_\_  
Filed: \_\_\_\_\_ Examiner: \_\_\_\_\_  
For: **Method for Inducing Mammary Epithelial Cell Differentiation**

☐ Patent No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_

*\*NOTE: Insert name(s) of inventor(s) and title also for patent. Where statement is with respect to a maintenance fee payment, also insert application number and filing date, and add Box M. Fee to address.*

**STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(c-f) and 1.27(b-d))**

With respect to the invention described in

- ☐ the specification filed herewith.  
☐ application no. \_\_\_\_\_ filed \_\_\_\_\_  
☐ PCT International Application No. \_\_\_\_\_ filed \_\_\_\_\_  
☐ patent no. \_\_\_\_\_ issued \_\_\_\_\_

**I. IDENTIFICATION AND RIGHTS AS A SMALL ENTITY**

I hereby state that I am

*(complete either (a), (b), (c) or (d) below)*

**(a) Independent Inventor**

- ☐ a below named independent inventor, and that I qualify as an independent inventor, as defined in 37 CFR 1.9(c), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office,

**(b) Noninventor Supporting a Claim by Another**

- ☐ making this statement to support a claim by

for a small entity status for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code. I hereby state that I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, if I had made the above identified invention.

**(c) Small Business Concern**

- check ☐ the owner of the small business concern identified below:  
one / ☒ an official of the small business concern empowered to act on behalf of the concern  
identified below:

*(Statement Claiming Small Entity Status (37 CFR 1.9(c-f) and 1.27(b-d))—page 1 of 4) 7-10*

Name of Concern: Garvan Institute of Medical Research  
Address of Concern: c/- St Vincent's Hospital, 384 Victoria Street, Darlinghurst, New South Wales  
2010, Australia

and  
that the above identified small business concern qualifies as a small business concern, as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

(d) Non-Profit Organization

☐ an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization  
Address of Organization

TYPE OF ORGANIZATION

- ☐ University or Other Institution of Higher Education  
☐ Tax Exempt Under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3))  
☐ Nonprofit Scientific or Educational Under Statute of State of the United States of America  
(Name of State \_\_\_\_\_)  
(Citation of Statute \_\_\_\_\_)  
☐ Would Qualify as Tax Exempt Under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3)), if Located in the United States of America  
☐ Would Qualify as Nonprofit Scientific or Educational Under Statute of State of the United States of America, if Located in the United States of America  
(Name of State \_\_\_\_\_)  
(Citation of Statute \_\_\_\_\_)

and that the nonprofit organization identified above qualifies as a nonprofit organization, as defined in 37 CFR 1.9(e), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code.

II OWNERSHIP OF INVENTION BY DECLARANT

I hereby state that rights under contract or law remain with and/or have been conveyed to the above identified

☐ person ☒ concern ☐ organization  
(item (a) or (b) above) (item (c) above) (item (d) above)

EXCEPT, that if the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a nonprofit organization under 37 CFR 1.9(e).

- ☒ no such person, concern, or organization  
☐ person, concerns or organizations listed below\*

\*NOTE: Separate statements are required from each named person, concern or organization having rights to the invention as to their status as small entities. (37 CFR 1.27)

Full Name

Address

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

Full Name

Address

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

### III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

### IV. DECLARATION

(check the following item, if desired)

NOTE: The following verification statements need not be made in accordance with the rules published on October 10, 1997, 62 Fed. Reg. 52131, effective December 1, 1997.

NOTE: The presentation to the Office (whether by signing, filing, submitting, or later advocating) of any paper by a party, whether a practitioner or non-practitioner, constitutes a certification under \* 10.18(b) of this chapter. Violations of \* 10.18(b)(2) of this chapter by a party, whether a practitioner or non-practitioner, may result in the imposition of sanctions under \* 10.18(c) of this chapter. Any practitioner violating \* 10.18(b) may also be subject to disciplinary action. See \* 10.18(d) and 10.23(c)(15), 37 CFR 1.4(d)(2).

- ☒ I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

**V. SIGNATURES**

*(complete only (e) or (f) below)*

**(e)**

**NOTE:** All inventors must sign the statement.

Name of Inventor

\_\_\_\_\_  
Signature of Inventor

Date:

Name of Inventor

\_\_\_\_\_  
Signature of Inventor

Date:

Name of Inventor

\_\_\_\_\_  
Signature of Inventor

Date:

*(add lines for any additional inventors who must sign)*

or

**(f)**

**NOTE:** The title of the person signing on behalf of a concern or nonprofit organization should be specified.

Name of Person Signing

Title of Person

*(if signing on behalf of a concern or non-profit organization)*

Address of Person Signing

SIGNATURE

Chadley

DATE 16.6.05